This is an amended* Statement of Organization Statement must be filed within 10 days of committee accepting \$750. Amendments must be filed within 30 (Effective January 1, 2011, ONLY county/local committees with less that using these forms. All other committees must file their statements and	AIGN DISCLOSURE BILLION or days of a change. n \$2000 in campaign activity may file reports electronically.	FORM DR-1 (Rev. 8/2011) For Office Use Comm. # Indexed Audited Computer	17057
put old name in (1). Committee to Reelect Dean Kaster. IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision PAC (11) Ballot COMMITTEE TREASURES.	Supervisor to Kaste (2) Statewide PAC (3) State Party (4)	r For Supe	eruisor
Name J Susan Mc Dane!	Name J	latory except for a c	andidate's committee)
Mailing Address 1	mane + +	2000	
Mailing Address \$ \$\frac{1}{24010}\$ \$\frac{470th}{270th}\$ Stree \$t\$ City, State \$\frac{1}{2}\$ Zip Code \$\frac{1}{2}\$\$	Mailing Address ↓ ↓		
City, State & I Zip Code & Sasty Centeru, 11e IA 52544	City, State ↓ ↓ Zip Code ↓ ↓		
Phone (641) 856 - 7040			<u>.</u>
e-Mail, lands medanel @ hotmail.com	Phone ()		
INDICATE PURPOSE OF COMMITTEE - Check One Box	e-Mail		
Comment or description: All Candidates Enter:	-dvocate for/against candidate(s) A	dvocate for ballot issu dvocate against ballot	e(s)
Office Sought: Appanoose Board of Superciso	County/Local Candidates a	nd Ballot Issue Com	mittees Enter:
Political Party (if applicable) Democrat	County: Appanoos (If active in multiple ballot issue	e	
District:			st of counties
Year Standing for Election: 2014	Date of Election: // -	2014	
Bank Account Name (must match committee name)	Candidate name & Address or Pr	arent Entity (DACs H	(anniles blo)
Kaster For S	* * * A	ffiliate or Sponeor	aboncable),
Kaster For Supervisor Name of Financial Institution/type of Account 1	Dean Kaster	• 	
Towa Trust and Savings Bank Mailing Address	Maiting Address		
	106 5. Tr	ussell Av	e
$\frac{200 \ N \ 10 \text{th Street}}{\text{City} \ \downarrow \ \downarrow} \qquad \qquad \text{State} \ \downarrow \ \ zip \ \downarrow \ \downarrow$	Moravia I	State ↓ ↓	Zip ↓ ↓
City State Zip Zip			52571
Centerville IA 52544	Phone (641) 724 3		
	e-Mail jands mcdar	iel@hotma	il.com
STATEMENT OF AFFIRMATION: By filing this document the committee al	ffirms the following.		
The committee and all persons connected with the committee understand the rules in Chapter 351 of the Iowa Administrative Code.	at they are subject to the laws in Iowa Code	chapters 68A and 686	B and the administrative
 That Iowa Code section 68A.402 and rule 351—4.9 require the filing of discissiblects the candidate or chairperson (in the case of committees other than a composition of other criminal and civil sanctions. 			
 That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require to materials except for those items excepted by state. 	he placement of the words "paid for by" and		
the state of so many trieshold shall tile the Form DR-SFA for	m in figure of filing this form	choses or mand rue auc	mer paid for by and
That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit to A candidate and a candidate's committee may only expend service.	he receipt of corporate contributions by all o	committees except for t	pallot issue PACs
they only experio campaign finds as nemitted by love and and and			
That the committee will continue to file disclosure reports until all activity has dissolution (DR-3) has been filed.	ceased, committee funds spent, debts reso	ived, and a final report	and a statement of
Sugar ymesta.			
Signature of Treasurer	Jeb-6, Feb 6,	2012	
Down Kata		Date Signed	
Signature of Candidate, OR, for all other committees, Chairperson	Teb 6,	2012	
	1	Date Signed	